FORM CD-476

U.S. DEPARTMENT OF COMMERCE

UNITED STATES DEPARTMENT OF COMMERCE COOPERATIVE EDUCATION PROGRAM STUDENT'S WORK/STUDY SCHEDULE AGREEMENT

Name and address of Commerce organization:	College/University/High School	
	Location	
Student's name (last, first, middle initial)	Program	
	Graduate	Associate
	Baccalaureate	High School
Current education status	Proposed job title, series, and grade	
Freshman Senior Sophomore Master's Student Junior Doctoral Student GPA GPA in major field		
Date of expected graduation from this school	Student's planned career field	
	Major	
	Minor	
PROPOSED WORK/STUDY SCHEDULE		
Full-time Part-time WORK		
	STUDY	
From To	From	
Total weeks of hours this period	То	
From To	From	
Total weeks of hours this period	То	
From	From	
To this period	To	
From	From	
To this period	To	
Remarks		

SEE REVERSE SIDE FOR SCHOOL, STUDENT, AND AGENCY CERTIFICATIONS

USCOMM-DC 86-1606

The school certifies that the schedule on this Agreement meets the requirements of its cooperative education curriculum.		
Signature of school representative	Date	
Title	Phone number	
The schedule reflects my current plans and is	acceptable to me.	
Signature of student	Date	
The agency certifies that the schedule meets the	he requirements of its cooperative education program.	
Signature of agency representative	Date	
Title	Phone Number	